

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-0031



January 6, 1989

ALL-COUNTY LETTER NO. 89-04

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: HOMELESS ASSISTANCE PAYMENT INDICATOR SYSTEM AND
QUALITY CONTROL WAIVER

o OVERVIEW:

This letter notifies Counties of the development of a Homeless Assistance Payment Indicator System that has been added to the Income Eligibility Verification System (IEVS). This system is designed to help prevent duplicate Homeless Assistance Payments. The system will be operational by January 1, 1989.

This new system enables Counties to create a data base of individuals that have received Homeless Assistance Payments. It would be accessed at the time an individual makes application for a Homeless Assistance Payment to determine if that individual has received a Homeless Assistance Payment in the previous 12 months. If the system indicates that the individual has received a Homeless Assistance Payment in the previous 12 months the County may need to contact the County(ies) that made the Homeless Assistance Payment(s) for further information. There will not be reports automatically sent to Counties.

For applicants of Homeless Assistance, any payments they received in the last 12 months will be indicated on the IEVS "Known to Welfare" screen. The most recent issuance of Homeless Assistance will be detailed on this screen as well as an indication of previous homeless payments. A complete history can be obtained by entering into the "Homeless" portion of IEVS. Also contained on the Homeless Assistance portion of the "Known to Welfare" screen will be an indicator as to whether the Assistance Payment(s) were "Temporary" or "Permanent" payments.

By reading the authorization date, and the type of payment, either temporary or permanent, Counties may not need to contact the previous issuing County in order to determine whether the applicant is currently eligible for further Homeless Assistance.

o CREATING THE DATA BASE:

The data base will be available for online entry or batch entry. Online entry will be an instant update of the data base and available immediately to all Counties after the data is input into the system. Data transmitted in a batched mode will be available to all Counties approximately a day after receipt by the State.

Counties will be required to enter all persons receiving Homeless Assistance Payments onto the system once the system is operational on January 1, 1989. Counties have the option to also submit information on past Homeless Assistance Payments made to individuals prior to the January 1, 1989 date in an effort to make the data base as complete as possible.

Specific instructions as to how to do online entry and how to read the specific homeless screens are contained in Attachment 1.

o SECURITY

Security for accessing the Homeless Assistance Payment(s) indicator system will use the IEVS "Known to Welfare" security level. All the functions with the exception of deleting records from the file, will be at this level.

A new MEDS security level will be necessary for Counties to delete records from the system. Counties should instruct their MEDS security officer or MEDS coordinator to submit a form MED 041 through MEDS EMC2 (Electronic Mail) to request homeless delete capability for designated individuals.

o WAIVER OF HOMELESS ASSISTANCE PAYMENT QUALITY CONTROL ERRORS

In a letter from Linda McMahon dated October 25, 1988 the Department of Social Services agreed to a request from the County Welfare Directors Association to waive any future quality control sanctions imposed on Counties as a result of duplicate issuance of Homeless Assistance Payments for the period August 1, 1988 (when quality control reviews of Homeless Assistance Payments began) until the date in which the Homeless Assistance Payment Indicator System became operational. Counties are asked to track and document cases cited with errors during this period due to the lack of knowledge of Homeless Assistance Payments in other Counties, noting the case number, review period, review number, and dollar impact.

o ATTACHMENTS:


Attachment #1

Describes the system output, and online input screens that will be available. It also describes how to do an online entry.

Attachment #2

Provides a system description for development of the programming necessary for a batch input system.

If you have any questions regarding the Indicator System, please contact Bill Schmidt of the Fraud Program Management Bureau at (916) 445-2757. Questions regarding the Quality Control Waiver should be directed to the Corrective Action Bureau at (916) 445-4458.



ROBERT A. HOREL
Deputy Director
Welfare Program Division

Attachments

cc: CWDA

HOMELESS ASSISTANCE PAYMENT

INDICATOR SYSTEM

OUTPUT SCREEN DESCRIPTION

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1|          ** KNOWN TO WELFARE DATA **                                08/31/88
2|                                                                 PAGE 1
3| ----- MEDS/CDB FILE -----
4| NAME: MICHEL JACKSON BIRTHDATE: 11-10-970 SEX: F SSAN-VER: J
5| COUNTY-ID DIST EW ESC
6| MEDI-CAL: 37-82-1111111-2-11 CG78 001 M/C TERM DATE:
7| FOOD STAMP: 37-30-1111111-1-11 CF91 9 F/S TERM DATE: 07/31/88
8| M/C PENDING CHANGE: _ F/S PENDING CHANGE: _ FUTURE ESC: _ RECOVERY: _
9|
0| ----- HOMELESS FILE -----
1| ① NAME: MICHEL JACKSON ② DOB: 12-22-947 ③ AUTHORIZE-DATE 09-21-88
2| ④ HOMELESS-ID: 37-30-1111111-2 ⑤ TYPE: P ⑥ DIST: 123 ⑦ EW: CF12
3| ⑧ OTHER AUTHORIZATIONS ON FILE =====> FIRST TEMPORARY PAYMENT 12/22/87 <=====
4|
5| ----- APPLICANT FILE -----
6| SSN: 222-44-6666 NAME: MICHEL JACKSON DOB: 11-10-970 SEX: M
7| CO-ID: 37-09-1111111-1-01 EW: CF91 DIST: C APP: 07-12-88
8|
9| NAME: MICHEL JACKSON DOB: 11-10-970 SEX: M
0| CO-ID: 37-34-1111111-2-11 EW: CG78 DIST: C APP: 06-12-88
1|
2| NUMBER OF OTHER IEVS REQUESTS ON FILE: 2
3|
4| PRESS CLEAR TO EXIT FROM IEVS OR PRESS ENTER FOR MORE DATA

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o "KNOWN TO WELFARE" SCREEN

Information from the most current authorization:

1. Case Name
2. DOB, the date of birth of the individual applying for Homeless Assistance.
3. Authorization Date, the date the Homeless Payment was authorized.
4. Homeless ID, contains County Code, Aid Type, Case ID Number, and FBU
5. Type of Payment, whether the most recent payment was a temporary assistance payment or a permanent assistance payment.
6. District Office Code (optional), identifying code for County district office.
7. EW Code (optional), identifying code for individual County workers.

Other authorizations on file:

8. One of four messages will be displayed. All messages pertain to the initial authorization for homeless that the individual received. If there are no previous authorizations "NONE" will be displayed. If the initial authorization was a temporary payment "FIRST TEMPORARY PAYMENT," and the date of that payment will be displayed. If the initial payment was a permanent payment "FIRST PERMANENT PAYMENT" AND THE DATE OF THE PAYMENT WILL BE DISPLAYED. If there is information regarding previous homeless Payment(s) but the payment is more than 13 months old then "INFORMATION IS MORE THAN 13 MONTHS OLD" will be displayed. The detailed complete history can be seen by making an inquiry of the individual's homeless payment history.

**** HOMELESS PROGRAM ****
MAIN MENU

SELECT OPTION: _

A = ADD RECORD
C = CHANGE INFORMTION
D = DELETE
I = INQUIRY

ENTER SSN: _ _ _

o HOMELESS PROGRAM MAIN MENU

The meuu that allows for selectin options for:

A = Adding an individual to the file

C = Changing or correction a previous entry from your County

D = Deleting a previous entry from your County

I = Inquiry of records for individuals that have received
Homeless Assistance Payment

Select desired option, enter SSN, and depress the "ENTER" key.

** HOMELESS PROGRAM **				BCI	12/19/88
ADD RECORD					
SSN: 700 80 0101	DOB: <u> </u> <u>MM</u> <u>DD</u> <u>CYY</u>	CO: 99	AID: <u> </u>	SERIAL: <u> </u>	FBU: <u> </u>
LAST NAME: <u> </u>	FIRST NAME: <u> </u>	AUTHORIZE DATE: 12 19 88 <u>①</u> MM DD YY			
PAYMENT TYPE: <u> </u>	DISTRICT: <u> </u>	WORKER: <u> </u>			
ENTER MORE DATA OR PRESS ENTER TO RETURN TO MAIN MENU					

o ADD SCREEN (first time)

To be used to add individuals to the file.

- 1 Date of authorization, will be prefilled with date of add transaction but can be typed over if applicable.

After all the edits are passed and the record has been added to the Homeless File, the add screen will be presented for confirmation of the add and for entry of the next record. The confirmation will include a PROCESSING COMPLETED message and a display on the bottom portion of the screen of the record just added. The data entry fields will be blanked out in anticipation of another transaction. If no other records are to be entered, press the ENTER key to return to the MAIN MENU. See sample screens on the next page.

** HOMELESS PROGRAM **						BCI	12/19/88
CHANGE							
SSN: 700-80-0101							
AUTHORIZE-DATE	TYPE	LAST NAME	FIRST NAME	DOB	DIST	EW	
ADDED-TO-FILE		CO AID SERIAL FBU					
01 12/19/88	1 T	ROAD	ROCKY	12 22 947	N01	1234	
12/19/88	2	99 37 0000101 A					

PRESS ENTER TO RETURN TO MAIN MENU

o CHANGE SCREEN

Allows Counties to change individual records if necessary.
Can only be changed by originating County.

- 1 The authorization date can be changed.
- 2 The date of transaction of the original entry to the file cannot be changed.

All elements can be changed save the County code and original posting date. You can only change records submitted by your county.

** HOMELESS PROGRAM **				BCI 12/19/88		
DELETE						
SSN: 700-80-0101						
DELETE	AUTHORIZE-DATE	TYPE	NAME	DOB	DIST	EW
(D)	ADDED-TO-FILE		CO AID SERIAL FBU			
-	01 12/19/88	1	ROAD	ROCKY	12/22/947 N01	1234
	12/19/88	2	99 37 0000101 A			

PRESS ENTER TO RETURN TO MAIN MENU

o DELETE SCREEN

Allows the originating County to delete previous entries. To delete a record put a "d" in the delete box and press enter. All information will be removed from the record.

- 1 Date of authorization.
- 2 Date the record was transmitted to the file.

** HOMELESS PROGRAM **

BCI 12/19/88

INQUIRY

SSN: 700-80-0101

AUTHORIZE-DATE	TYPE	NAME	DOB	DIST	EW
ADDED-TO-FILE		CO AID SERIAL FBU			
01 12/19/88 (1)	T	ROAD , ROCKY	12/22/947	N01	1234
12/19/88 (2)					

PRESS ENTER TO RETURN TO MAIN MENU

o INQUIRY SCREEN

Contains the same basic information as the "Known to Welfare" screen. It shows the total number of Homeless Assistance occurrences that an individual had from all Counties in the past 13 months. Counties wishing to get a complete history of an individual's Homeless Assistance Payments would access this screen.

- 1 Date of authorization.
- 2 Date the record was transmitted to the file.

HOMELESS ASSISTANCE PAYMENT INDICATOR SYSTEM
DOING AN ON LINE ENTRY

Counties may use the CA-42 to complete an on line entry. The information necessary is marked with shaded capital letters. It is A: Social Security Number (SSN), B: Date of Birth, C: County ID, Aid Code, Case Number, Assistance Unit, D: Case Name (Last First) E: Authorization date of the Homeless Assistance Payment(s), and type of payment. At County option the district code and eligibility worker code can also be entered.

The system is an online interactive system. Updates are done while the user is still logged on. The menu can be accessed by entering the Income Eligibility Verification System (IEVS) system and typing the word "Home" instead of "IEVS".

Once the main menu is accessed the County can add a single individual or make multiple entries. Option A, is used to make an entry for one individual. Start by selecting option A then enter the SSN for that individual. After pressing the "Enter" key the screen will shift to the "Add Record" screen. Complete the information for that individual. It will instantly become available to be read by all Counties once it has been entered.

To make multiple entries continue to enter individuals in option A.

To change or delete an entry may be accomplished by selecting the "C" change or "D" delete option, from the homeless menu. Changes or deletions can only be made to entries that were made in the same County. One County cannot modify or delete records that were entered into the file by another County.

On option "C" all the information can be changed except the County code and the date the homeless information was transmitted to the file. To delete a record in option "D" type "D" next to the record to be deleted and press enter.

INQUIRY OF THE HOMELESS ASSISTANCE PAYMENT FILE

Inquiry of the file can be accomplished in two ways. The first would be through the IEVS "Known to Welfare" screen. By accessing the IEVS "Known to Welfare" screen information from the most recent County and previous occurrences of homeless payment will be displayed. Detailed information regarding the most recent occurrence will be displayed. Secondly, a message regarding previous Homeless Payment including the date will also be displayed. Using the original authorization date from the message Counties may be able to determine that an individual is not eligible to a subsequent payment thereby eliminating the need to contact the previous County. Knowing that a temporary assistance payment was made and the initial authorization date, the County can deduce that if 28 days has elapsed that the individual would not be eligible to another temporary payment.

The second method is to access the Homeless Inquiry screen. From the homeless main menu the "I" inquiry option would be selected. The individual's SSN would be input and the enter key depressed. The inquiry screen would display the individual's Homeless payment history for the last 13 months. Multiple payments made by the same County are not required to be input, therefore, they likely would not be displayed. However, a county could choose to add multiple payments, if so desired. Only the initial payment, authorization date for the homeless payments from more than one County would be present. What will be displayed would be information if an individual received Homeless Payments from more than one County during their 28 day eligibility for payments; if they received more than one temporary payment from more than one County and/or later they received a permanent payment from another County. Counties that make a permanent payment after having made a temporary payment may at their option enter the change of payment type on option "C" change screen while retaining the initial temporary payment date.

STATEMENT OF FACTS - Homeless Assistance

Important Information

- If you have no place to stay, have \$100 or less in resources and appear eligible for AFDC, you may get Homeless Assistance. You must be seeking permanent housing. While you are looking, you may get money for temporary shelter (TS). If you find someplace to live, you may get money for permanent housing.
- You may get TS payments for up to 21 days in a row. The first day starts when you get the first TS payment. If you stay anywhere for free, you can't get a TS payment, but the free days count as part of the 21 days.
- You may get up to 7 extra days of TS payments if you have a good reason for needing more help. The extra days must start the day after your first 21 days of TS.
- You may be asked to prove that your payment was spent on shelter. If you can't, future payments will go to a shelter, landlord or others for you.

Instructions: Print all answers in ink. If you need help, ask your worker.

1. Name of Caretaker Relative (first, middle, last)

Message Phone	A	Social Security Number - - - - -	B	Date of Birth Mo. ____ Day ____ Yr. ____
---------------	---	-------------------------------------	---	---

2.A. Explain where you are staying now:

B. How long have you been there?

C. Do you pay for staying there?
If "YES," how much?

☐ YES ☐ NO

3. Explain why you have no place to stay.

4. Are you seeking permanent housing?

Explain:

☐ YES ☐ NO

5. Do you get Cash Aid?

If "YES," in which county:

☐ YES ☐ NO

6. Did you get Homeless Assistance from any county at any time?

If "YES," complete:

☐ YES ☐ NO

Which county:

When:

7. List all liquid resources you own (include cash, checks, savings or checking accounts, credit union accounts, etc.). List each item and give its value.

8. If you get Homeless Assistance, do you want your payment made out or given directly to a shelter, landlord or other for you?

☐ YES ☐ NO

COUNTY USE ONLY

DATE RECEIVED

CO	Air Coord.	CASE NUMBER	AU

Case Name (Last, First)

Date HA Authorized

Mo. ____ Day ____ Yr. ____

F. Type of HA (check)

☐ T (Temporary) ☐ P (Permanent)

Disposition:

- ☐ Shelter arranged prior to Temp. Asst.
- ☐ Temp. Asst. Date:
- ☐ Permanent HA. Date:
- ☐ Vendor payment issued.
- ☐ HA Denied

Worker:

Total resource value:

CERTIFICATION

I understand there is a limit on how much Homeless Assistance I can get.

I understand I must provide proof of payment for housing if it is requested, and if I cannot, I must have my Homeless Assistance payments made out or given to a shelter, landlord or others for me.

I understand that providing a Social Security Number (SSN) is required by Section 402(a)(25) of the Social Security Act. The SSN will be used to check identity, to prevent duplicate participation and to verify my eligibility and benefits.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true and correct.

SIGNATURE OF CARETAKER RELATIVE

DATE

HOMELESS ASSISTANCE PAYMENT PROGRAM
PAYMENT INDICATOR SYSTEM
COUNTY INPUT REQUIREMENTS

NOVEMBER 1988

Prepared By:
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Data Systems Branch
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TABLE OF CONTENTS

	<u>PAGE</u>
I. BACKGROUND	1
II. HOMELESS BATCH USAGE	1
III. HOMELESS BATCH TRANSACTION FORMATS	2
IV. BATCH INPUT MEDIA AND FREQUENCY	2
V. HA20 - ADD HOMELESS ASSISTANCE TRANSACTIONS	3
VI. HA30 - HOMELESS ASSISTANCE CHANGE TRANSACTIONS	4
VII. HAP TRANSACTION RECORD LAYOUTS	5
A. HA20 Header	5
B. HA20 Transaction Data Area	6
VIII. HA30 BATCH FORMAT	7
A. HA30 Header	7
B. HA30 Transaction Data Area	8
XI. APPENDIX 1 - DATA DICTIONARY	9

I. BACKGROUND

The Department of Social Services has been administering the Homeless Assistance Payment Program (HAPP) since February 1988 for persons apparently eligible for the Aid to Families with Dependant Children (AFDC) program. The HAPP program authorizes cash payments to assist AFDC families obtain shelter. The Payment Indicator System will assist in the administration of the program.

To operate the Payment Indicator System, a Homeless Assistance Data Base (HADB) will be maintained. Counties will access this data base through the existing Medi-Cal Eligibility Data System (MEDS) network. Unlike MEDS which saves daily transactions for batch processing in the evening, HAPP updates will be performed immediately. This immediate processing should minimize the authorization of duplicate HAPP payments to applicants who travel from county to county or district to district in the same day.

II. HOMELESS BATCH USAGE

In addition to the online entry of HAPP data, a batch update will be performed. The batch update is designed to allow counties to "load" data they have been collecting for the past year as well as perform daily batch updates if necessary. The batch system will use the IEVS/SAVE transaction format. The basic transaction will be the HA20, the Homeless Assistance "add". Provisions similar to the Income and Eligibility Verification System (IEVS) route change transaction will be available to allow the change of district and worker on an existing record. This "change" transaction will be the HA30. These are the only two Homeless Assistance Program batch transactions.

The following sections describe how the counties may submit each of these transactions in a batch mode.

III. HOMELESS BATCH TRANSACTION FORMATS

Homeless batch transactions are another type of IEVS transaction. The IEVS batch transaction format is a fixed length record of 200 bytes. Like the MEDS transaction formats, it consists of header data followed by the transaction data itself. Unlike MEDS, the transaction data is positional and NOT in the data element assignment format of 'nnnn=value,...'.

Each transaction will be on one record with no continuation records.

Special arrangements with the MEDS Control Unit may need to be made to insure processing of any initial "load" tapes. This coordination should be made through the MEDS Liaison.

Batch Homeless Assistance transactions submitted on a daily basis should be included on the file which has MEDS and IEVS transactions.

IV. BATCH INPUT MEDIA AND FREQUENCY

Batch Homeless transactions should be submitted with the daily batch MEDS/IEVS transactions to the State. Counts of the HA20 and HA30 transactions should be included on the pink transmittal form for Medi-Cal transactions (the DHS2108 form). The total Homeless transactions should be included in the count of the total number of records.

If you are aware of any reason why your MEDS file would not be processed that evening (for example, MEDS Updates may be held for a few days if there is a problem with the MEDS/County file quarterly Reconciliation), you should call your State MEDS liaison contact and ask him or her to make sure that the IEVS, SAVE and Homeless transactions are processed separately from MEDS.

V. HA20 - ADD HOMELESS ASSISTANCE TRANSACTIONS

Since the intent of the batch system is to allow this bulk input of historical data, there is a minimum of processing performed. The basic transaction will be the HA20, the Homeless Assistance "add".

The only edits on the HA20 will be for valid Social Security Number (SSN) and County Code. Since SSN is the "key" to the file it must conform to the MEDS SSN edits. A roster of invalid SSNs submitted for batch update will be printed and returned to the requesting county (see sample report below). Any county wishing to submit batch transactions should notify Bill Schmidt at (916) 445-2757 to coordinate this mailing. All other HA20 transactions will be to the data base.

Sample Error Report

REPORT: RS-HOM100-R001
PROGRAM: HOM100

06/24/88
PAGE 1

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES
HOMELESS ASSISTANCE PROGRAM
DUPLICATE PAYMENT DETECTION SYSTEM

ERROR REPORT

TRANSACTIONS REJECTED BECAUSE OF INVALID SSN

COUNTY: ____

DISTRICT: ____

WORKER: ____

TRANS DATE	SSN	DATE OF BIRTH	CO AID SERIAL FBU	NAME	AUTHORIZE DATE	TYPE
10/11/88	111-11-1111	12/22/947	12-12-1234567-1	JONES, M	10/10/88	P
10/11/88	111-11-2222	12/22/947	12-12-1222222-1	SMITH, J	10/10/88	P
10/11/88	111-11-3333	12/22/947	12-12-1333333-1	SAMUELS, M	10/10/88	T
10/11/88	111-11-4444	12/22/947	12-12-1444444-1	CARSON, L	10/10/88	T
10/11/88	111-11-5555	12/22/947	12-12-1555555-1	NICOLSON, P	10/10/88	P

November 7, 1988

VI. HA30 - HOMELESS ASSISTANCE CHANGE TRANSACTIONS

Provisions similar to the Income and Eligibility Verification System (IEVS) route change transaction will be available to allow the change of district and worker on an existing record. This "change" transaction will be the HA30. Similar to the IEVS AP30, the existing (old) district and/or worker must be included with the new district and/or worker. The batch process will search the data base to find an exact match of SSN, Old District, Old Worker, County Code, Aid Code, Serial Number, and FBU. When a match is found the Old District and/or Old Worker will be updated with the New District and/or New Worker.

VII. HAP TRANSACTION RECORD LAYOUTS

A. HA20 Header

DATA ELEMENT	POSITION	DESCRIPTION	COMMENTS
Transaction Code	01-04	Alpha/Num	Must be HA20
Filler	05-12		Spaces
Batch Sequence Number	13-15		County Option
Creation Date	16-20	Numeric	Julian date of batch input tape creation: YYDDD
Filler	21-30		Spaces
SSN	31-39	Numeric	Applicant's SSN (Required)
County ID	40-53		All except Person Number and FBU are required
County code	40-41	Numeric	Required
Aid Code	42-43	Numeric	Required
Serial Number	44-50	Alpha/Num	Required
FBU	51	Alpha/Num	Not required
Person Number	52-53	Alpha/Num	Not maintained for Homeless
Date of Birth	54-60	Numeric	Birthdate in MMDDYY format

B. HA20 Transaction Data Area

DATA ELEMENT	POSITION	DESCRIPTION	COMMENTS
Filler	61-72		Spaces
EW-Code	73-76	Alpha/Num	Optional
Filler	77-80		Spaces
District	81-83	Alpha/Num	Optional
Filler	84-93		Spaces
Last Name	94-108	Alpha/Num	Required
First Name	109-118	Alpha/Num	Required. If none, use "#".
Filler	119-181		Spaces
Authorization Date	182-187		Required (mmddyy)
Payment Type	188		Required ("T" or "P")
Filler	189-200		Spaces

VIII. HA30 BATCH FORMAT

A. HA30 Header

DATA ELEMENT	POSITION	DESCRIPTION	COMMENTS
Transaction Code	01-04	Alpha/Num	Must be HA30
Filler	05-12		Spaces
Batch Sequence Number	13-15		Not Required
Creation Date	16-20	Numeric	Julian date of batch input tape creation: YYDDD
Filler	21-30		Spaces
SSN	31-39	Numeric	Applicant's SSN (Required)
County ID	40-53		All except Person Number and FBU are required
County code	40-41	Numeric	Required
Aid Code	42-43	Numeric	Required
Serial Number	44-50	Alpha/Num	Required
FBU	51	Alpha/Num	Not required
Person Number	52-53	Alpha/Num	Not maintained for Homeless
Filler	54-60		Spaces

B. HA30 Transaction Data Area

DATA ELEMENT	POSITION	DESCRIPTION	COMMENTS
Filler	61-72		Spaces
New-EW-Code	73-76	Alpha/Num	Required if Old-EW-Code is present
Old-EW-Code	77-80	Alpha/Num	Optional - either EW and/or District may be modified by this transaction
New-District	81-83	Alpha/Num	Required if Old-District is present
Old-District	84-86	Alpha/Num	Optional - either EW and/or District may be modified by this transaction
Filler	87-200		Spaces

XI. APPENDIX 1 - DATA DICTIONARY

Most of the Homeless data elements are identical to the IEVS elements. See the IEVS DATA DICTIONARY for descriptions of these elements. It is organized alphabetically by IEVS NAME. For the Homeless Assistance Program there are two new data elements. The following two pages will be added to the DATA DICTIONARY of the IEVS County Input Requirements.

IEVS NAME: AUTHORIZE-DATE

NARRATIVE NAME: Date HA Authorized

AKA NAMES: Date of Authorization
Authorization Date

SOURCE: COUNTY LENGTH: 6

DEFINITION:

The date a county authorized payment to the individual. It is the date entered on the CA 42 Form in Box E (Date HA Authorized). If not supplied on the transaction, the system will enter the current date.

VALUES:

Date is in the format MMDDYY where

MM is month

DD is day

YY is year

Standard date edits apply.

SPECIAL CONSIDERATIONS:

This field will be used in the online system to determine whether or not a Homeless Assistance Payment has been authorized within the last 12 months.

IEVS NAME: PAYMENT-TYPE

NARRATIVE NAME: Payment Type

AKA NAMES: PAY-TYPE
P/T

SOURCE: COUNTY

LENGTH: 6

DEFINITION:

This field indicates the type of Homeless Assistance Payment, either TEMPORARY or PERMANENT. It is indicated on the CA 42 Form in the Disposition Section.

VALUES:

The only valid values for Payment Type are "T" and "P".

P is permanent
T is temporary

SPECIAL CONSIDERATIONS:

This field will be used by the online system to determine which type of Homeless Assistance Payment was authorized.